### Case 18-80315 Doc 1 Filed 02/20/18 Entered 02/20/18 15:10:13 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: |   | Identify Yourself  |  |   |  |  |  |
|---------|---|--|--|---|--|--|--|
|         |   |  | About Debtor 1:                                      | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |
| 1.      | You   | r full name  |  |   |  |  |  |
|         | your<br>pictu<br>exar   | e the name that is on government-issued ure identification (for nple, your driver's use or passport).  | Brittany First name S. Middle name                   | First name  Middle name                       |  |  |  |
|         | Bring your picture identification to your meeting with the trustee. |  | Kaczorowski Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |
| 2.      | use<br>Inclu  | other names you have<br>d in the last 8 years<br>ade your married or<br>den names.                     | FKA Brittany S. Knight                               |   |  |  |  |
| 3.      | you<br>num<br>Indi  | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-4310  |   |  |  |  |

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Case number (if known)

Debtor 1 Brittany S. Kaczorowski

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 1101 N. State Street Marengo, IL 60152 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code McHenry County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Brittany S. Kaczorowski

Case number (if known)

| ar  | t 2: Tell the Court About   | Your B   | ankruptcy Ca   | ase                                |  |  |  |  |  |
|-----|---|--|----------------|------------------------------------|--|--|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7 |                |                                    |  |  |  |  |  |
|     | choosing to file under  |  |                |                                    |  |  |  |  |  |
|     |   | □ CI   | hapter 11      |                                    |  |  |  |  |  |
|     |   | □ CI   | hapter 12      |                                    |  |  |  |  |  |
|     |   | □ CI   | hapter 13      |                                    |  |  |  |  |  |
| 3.  | How you will pay the fee  | •  | about how yo   | ou may pay. Ty<br>attorney is sub  | pically, if you are paying the fee you   | with the clerk's office in your local court for more details rself, you may pay with cash, cashier's check, or money f, your attorney may pay with a credit card or check with |  |  |  |
|     |   |  |                |                                    | stallments. If you choose this option of the control of the contro | , sign and attach the Application for Individuals to Pay   |  |  |  |
|     |   |  | I request that | at my fee be w<br>juired to, waive | raived (You may request this option e your fee, and may do so only if you  | only if you are filing for Chapter 7. By law, a judge may, r income is less than 150% of the official poverty line that  |  |  |  |
|     |   |  |                |                                    |  | nstallments). If you choose this option, you must fill out al Form 103B) and file it with your petition.   |  |  |  |
| ).  | Have you filed for bankruptcy within the  | ■ No   | ).             |                                    |  |  |  |  |  |
|     | last 8 years?   | ☐ Ye   | es.            |                                    |  |  |  |  |  |
|     |   |  | District       | -                                  |  | Case number  |  |  |  |
|     |   |  | District       |                                    | When   | Case number  |  |  |  |
|     |   |  | District       |                                    | When   | Case number  |  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No   | )              |                                    |  |  |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye   | es.            |                                    |  |  |  |  |  |
|     |   |  | Debtor         |                                    |  | Relationship to you  |  |  |  |
|     |   |  | District       |                                    | When   | Case number, if known  |  |  |  |
|     |   |  | Debtor         |                                    |  | Relationship to you  |  |  |  |
|     |   |  | District       |                                    | When   | Case number, if known  |  |  |  |
| 11. | Do you rent your residence?   | ■ No   | Go to          | line 12.                           |  |  |  |  |  |
|     | residence:  | ☐ Ye   | es. Has yo     | our landlord ob                    | tained an eviction judgment against  | you?   |  |  |  |
|     |   |  |                | No. Go to line                     | e 12.  |  |  |  |  |
|     |   |  |                | Yes. Fill out II this bankrupto    |  | adgment Against You (Form 101A) and file it as part of   |  |  |  |
|     |   |  |                |                                    |  |  |  |  |  |

|          |                         | Document | Page 4 of 55 |                   |  |
|----------|-------------------------|----------|--------------|-------------------|--|
| Debtor 1 | Brittany S. Kaczorowski |          |              | number (if known) |  |
|          |                         |          |              | _                 |  |

| Par | Report About Any Bu   | sinesses `   | You Own  | as a Sole Propriet                                   | or   |    |  |  |
|-----|---|--|--|--|--|----|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.  | Go to  | Part 4.  |  |    |  |  |
|     |   | ☐ Yes.   | Name   | and location of bus                                  | iness  |    |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name   | of business, if any                                  |  |    |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Numb   | er, Street, City, Stat                               | e & ZIP Code   |    |  |  |
|     | it to this petition.  |  | Check  | Check the appropriate box to describe your business: |  |    |  |  |
|     |   |  |  | Health Care Busin                                    | ness (as defined in 11 U.S.C. § 101(27A))  |    |  |  |
|     |   |  |  | Single Asset Real                                    | Estate (as defined in 11 U.S.C. § 101(51B))  |    |  |  |
|     |   |  |  | Stockbroker (as de                                   | efined in 11 U.S.C. § 101(53A))  |    |  |  |
|     | ☐ Commodity Broker (as defined in 11 U.S.C. § 101   |  |  |  | r (as defined in 11 U.S.C. § 101(6))   |    |  |  |
|     |   |  |  | None of the above                                    |  |    |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, uptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the small business in 11 U.S.C. 1116(1)(B). |  |  |  | of |  |  |
|     | For a definition of small   | ■ No.  | ■ No. I am not filing under Chapter 11.  |  |  |    |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |    |  |  |
|     |   | ☐ Yes.   | I am fi  | ling under Chapter                                   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code | e. |  |  |
| Par | t 4: Report if You Own or   | Have Any   | Hazardo  | us Property or Any                                   | y Property That Needs Immediate Attention  |    |  |  |
| 14. | Do you own or have any  | ■ No.  |  |  |  | _  |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.   | What is the hazard?  |  |  |    |  |  |
|     | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  |  |  | iate attention is why is it needed?                  |  |    |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is   | the property?  | Number, Street, City, State & Zip Code   |    |  |  |
|     |   |  |  |  |  |    |  |  |

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Debtor 1 Brittany S. Kaczorowski

Case number (if known)

Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Desc Main Document Page 6 of 55 Case number (if known) Debtor 1 Brittany S. Kaczorowski Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **25,001-50,000** you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 □ 200-999 How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Brittany S. Kaczorowski Signature of Debtor 2

Executed on

MM / DD / YYYY

Brittany S. Kaczorowski Signature of Debtor 1

> February 20, 2018 MM / DD / YYYY

Executed on

Debtor 1 Brittany S. Kaczorowski Page 7 of 55

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Rebecca Lamm                       | Date          | February 20, 2018 |
|--|---------------|-------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY    |
|  |               |                   |
| Rebecca Lamm                           |               |                   |
| Printed name                           |               |                   |
| Franks Gerkin & McKenna PC             |               |                   |
| Firm name                              |               |                   |
| 19333 E Grant Hwy                      |               |                   |
| P.O. Box 5                             |               |                   |
| Marengo, IL 60152                      |               |                   |
| Number, Street, City, State & ZIP Code |               |                   |
| Contact phone (815) 923-2107           | Email address | rlamm@fgmlaw.com  |
| 6300284 IL                             |               |                   |
| Bar number & State                     |               |                   |

|   |                         |                   | THE FAUL O ULSS |                                    |
|---|-------------------------|-------------------|-----------------|------------------------------------|
| Fill in this infor                      | mation to identify your | case:             |                 |                                    |
| Debtor 1                                | Brittany S. Kaczor      | owski             |                 |                                    |
|   | First Name              | Middle Name       | Last Name       |                                    |
| Debtor 2                                |                         |                   |                 |                                    |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name       |                                    |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS     |                                    |
| Case number                             |                         |                   |                 |                                    |
| (if known)                              |                         |                   |                 | Check if this is an amended filing |

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|    |  | Your a     | ssets<br>of what you own |
|----|--|------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 64,250.00                |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 12,959.50                |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 77,209.50                |
| Pa | rt 2: Summarize Your Liabilities   |            |                          |
|    |  |            | iabilities<br>nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 101,412.00               |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$         | 0.00                     |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 28,401.07                |
|    | Your total liabilities   | \$         | 129,813.07               |
| Pa | rt 3: Summarize Your Income and Expenses   |            |                          |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 4,459.00                 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 4,426.00                 |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records  |            |                          |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sc | hedules.                 |
| 7. | ■ Yes What kind of debt do you have?   |            |                          |

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_6,216.71

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Tot  | al claim |
|--|------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$   | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 5,499.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$   | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 5,499.00 |

|                      | Cas   | se 18-80315                               | Doc 1                                     | Filed 02/20/18<br>Document                            | Entered 02/20/18  | 15:10:13   | Desc       | Main   |  |
|----------------------|---|---|---|---|---|--|------------|--|--|
| Fill                 | in this inform  | ation to identify                         | your case and th                          |   |   |  |            |  |  |
| Deb                  | otor 1  | Brittany S. Ka                            |   |   |   |  |            |  |  |
| Dok                  | otor 2  | First Name                                | Middle                                    | Name  | Last Name   |  |            |  |  |
|                      | use, if filing)   | First Name                                | Middle                                    | Name  | Last Name   |  |            |  |  |
| Uni                  | ted States Ban  | kruptcy Court for t                       | he: NORTHER                               | N DISTRICT OF ILLIN                                   | IOIS  |  |            |  |  |
| Cas                  | se number   |   |   |   | -   |  |            | Check if this is an amended filing             |  |
| )<br>Of              | ficial For  | m 106A/B                                  |   |   |   |  |            |  |  |
| Sc                   | chedule   | A/B: Pr                                   | operty                                    |   |   |  |            | 12/15  |  |
| hink<br>nfor<br>Ansv | t it fits best. Be<br>mation. If more<br>wer every questi | as complete and a space is needed, a ion. | ccurate as possibl<br>ttach a separate sl | e. If two married people<br>neet to this form. On the | n asset fits in more than one c<br>e are filing together, both are e<br>e top of any additional pages, v<br>on or Have an Interest In | qually responsible   | for supp   | lying correct                                  |  |
| . D                  | o you own or ha   | ive any legal or equ                      | itable interest in a                      | ny residence, building,                               | land, or similar property?  |  |            |  |  |
|                      | No. Go to Part  |   |   | , ,   | , , ,   |  |            |  |  |
| _                    | Yes. Where is   |   |   |   |   |  |            |  |  |
|                      | res. Where is   | the property?                             |   |   |   |  |            |  |  |
|                      |   |   |   |   |   |  |            |  |  |
| 1.1                  | 4404 N. Ot-   |   |   | What is the property                                  | ? Check all that apply  |  |            |  |  |
|                      | 1101 N. Sta   | ate Street available, or other desc       | rintion                                   | Single-family h                                       |   | Do not deduct secured claims or exemptions the amount of any secured claims on Sched |            |  |  |
|                      | ou oor addrood, ii  | available, et elller dece                 |   | Duplex or mult  | -   |  |            | Secured by Property.                           |  |
|                      |   |   |   | ☐ Condominium   | or cooperative  |  |            |  |  |
|                      |   |   |   | ■ Manufactured  | or mobile home  | Current value of the   | ne (       | Current value of the                           |  |
|                      | Marengo   | IL  | 60152-0000                                | Land  |   | entire property?   | ŗ          | ortion you own?                                |  |
|                      | City  | State                                     | ZIP Code                                  | ☐ Investment pro                                      | pperty  | \$128,500  | .00        | \$64,250.00                                    |  |
|                      |   |   |   | ☐ Other   |   |  | le, tenano | ownership interest<br>by by the entireties, or |  |
|                      |   |   |   | Debtor 1 only   | in the property? Check one  | Tenants by the   |            | /  |  |
|                      | McHenry   |   |   | Debtor 2 only   | -   | ,  | •          | <u>′</u>                                       |  |
|                      | County  |   |   | Debtor 1 and [  | Debtor 2 only   |  |            |  |  |
|                      |   |   |   | At least one of                                       | the debtors and another   | Check if this is (see instructions)  |            | inity property                                 |  |
|                      |   |   |   | Other information yo                                  | ou wish to add about this item,<br>on number:   | such as local  |            |  |  |
|                      |   |   |   | Value determined                                      | d by appraisal completed<br>btor has 1/2 interest. Pro  |  |            |  |  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$64,250.00

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Case number (if known) Document Debtor 1 Brittany S. Kaczorowski 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Chevrolet Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Sonic Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2014 Debtor 2 only Current value of the Current value of the Approximate mileage: 61,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Debtor's spouse is named on \$4.000.00 \$4,000.00 Title. Citizens One Bank holds a ☐ Check if this is community property (see instructions) PMSI lien in the amount of approximately \$10,000.00. Do not deduct secured claims or exemptions. Put Chevrolet 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Spark Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2013 Year: Debtor 2 only Current value of the Current value of the 71,000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Owned jointly with Debtor's \$3,200.00 \$3,200.00 spouse ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$7,200.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Normal complement of household goods and furnishings \$1,000,00 Owned jointly with Debtor's spouse

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

TV, DVD player, record player, laptop computer, cell phones and tablet Owned jointly with Debtor's spouse

\$250.00

|                            | Case 18-               | 80315         | Doc 1                              | Filed 02/20/18<br>Document                           | Entered 02/20/18 15:10:1<br>Page 12 of 55                            |  |
|----------------------------|------------------------|---------------|------------------------------------|--|--|--|
| Debtor                     | 1 Brittany S. K        | aczorowsł     | <u>ki</u>                          |  | Case number (if kno  | own)   |
| Exai                       | other collect          |               | paintings, prir<br>rabilia, collec |  | oks, pictures, or other art objects; stamp,                          | coin, or baseball card collections;  |
|                            |                        |               |                                    |  |  |  |
| Exai                       | musical instr          | ographic, ex  |                                    | ther hobby equipment; I                              | picycles, pool tables, golf clubs, skis; can                         | pes and kayaks; carpentry tools;   |
| 10. <b>Fire</b> <i>Exa</i> | amples: Pistols, rifle | s, shotguns   | , ammunition                       | , and related equipment                              |  |  |
|                            | es. Describe           |               |                                    |  |  |  |
| □N                         | amples: Everyday cl    | lothes, furs, | leather coats                      | s, designer wear, shoes,                             | accessories  |  |
|                            |                        | Clothing      | and shoes                          |  |  | \$250.00   |
| □и                         |                        |               |                                    | constume jewelry                                     | ding rings, heirloom jewelry, watches, ger                           | \$1,500.00   |
| Exa<br>■ N<br>□ Y          | es. Describe           |               |                                    |  |  |  |
| ■ N                        | -                      |               | -                                  | ı did not already list, ir                           | ncluding any health aids you did not lis                             | st   |
|                            |                        |               |                                    | om Part 3, including ar                              | ny entries for pages you have attached                               | \$3,000.00   |
|                            | Describe Your Finar    |               |                                    |  |  |  |
| Do you                     | own or have any        | legal or eq   | uitable intere                     | est in any of the follow                             | ing?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| ■ N                        | amples: Money you<br>o | -             |                                    | our home, in a safe depo                             | ssit box, and on hand when you file your p                           | petition   |
|                            | institutions.          |               |                                    | l accounts; certificates of ounts with the same inst | of deposit; shares in credit unions, brokera<br>titution, list each. | age houses, and other similar  |
| Y                          | es                     |               |                                    | Institution n  | ame:   |  |

Official Form 106A/B Schedule A/B: Property page 3

Document Page 13 of 55 Case number (if known) Debtor 1 Brittany S. Kaczorowski Bank of America Account ending 7839 \$510.00 Checking Account Bank of America Acount ending 9100 \$12.00 17.2. Savings Account Bank of America Account ending 8174 \$1,686.00 Checking Account 17.3. Owned jointly with Debtor's spouse Minor Savings Account **BMO Harris Bank** Debtor is the custodian of the account for minor \$315.00 17.4. Savings Account child, N. Kaczorowski 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them...

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Doc 1

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Desc Main

Case number (if known) Debtor 1 Brittany S. Kaczorowski 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2017 Tax Refund Owned jointly with Debtor's spouse State Refund \$236.50 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2,759.50 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 Brittany S. Kaczorowski 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$64,250.00 56. Part 2: Total vehicles, line 5 \$7,200.00 57. Part 3: Total personal and household items, line 15 \$3,000.00 Part 4: Total financial assets, line 36 58. \$2,759.50 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$12,959.50 Copy personal property total \$12,959.50

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$77,209.50

| heck if this is a |
|-------------------|
|                   |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property You | Claim as | Exempt |
|---------|--------------|--------------|----------|--------|
|---------|--------------|--------------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property   | Current value of the portion you own | Amount of the exemption you claim  | Specific laws that allow exemption |
|---|--------------------------------------|--|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                                       |                                    |
| 1101 N. State Street Marengo, IL 60152 McHenry County Value determined by appraisal completed May 23, 2017. Fair Market Value is \$128,500.00. Debtor has 1/2 interest. Property is owned jointly with Debtor's spouse. Line from <i>Schedule A/B</i> : 1.1 | \$64,250.00                          | \$15,000.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901                  |
| 1101 N. State Street Marengo, IL 60152 McHenry County Value determined by appraisal completed May 23, 2017. Fair Market Value is \$128,500.00. Debtor has 1/2 interest. Property is owned jointly with Debtor's spouse. Line from <i>Schedule A/B</i> : 1.1 | \$64,250.00                          | □ 100% of fair market value, up to any applicable statutory limit            | 735 ILCS 5/12-112                  |
| Normal complement of household goods and furnishings Owned jointly with Debtor's spouse Line from <i>Schedule A/B</i> : 6.1   | \$1,000.00                           | \$1,000.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |

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Debtor 1 Brittany S. Kaczorowski

|    | Brittarry C. Haozorowoki   |  |         |  |                                    |
|----|--|--|---------|--|------------------------------------|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own  Copy the value from Schedule A/B |         | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
|    | Clothing and shoes Line from Schedule A/B: 11.1  | \$250.00   | •       | \$250.00   | 735 ILCS 5/12-1001(a)              |
|    |  |  |         | 100% of fair market value, up to any applicable statutory limit      |                                    |
|    | Wedding rings and constume jewelry Line from Schedule A/B: 12.1                        | \$1,500.00   |         | \$555.50   | 735 ILCS 5/12-1001(b)              |
|    |  |  |         | 100% of fair market value, up to any applicable statutory limit      |                                    |
|    | Checking Account: Bank of America<br>Account ending 7839                               | \$510.00   |         | \$510.00   | 735 ILCS 5/12-1001(b)              |
|    | Line from <i>Schedule A/B</i> : 17.1   |  |         | 100% of fair market value, up to any applicable statutory limit      |                                    |
|    | Savings Account: Bank of America<br>Acount ending 9100                                 | \$12.00  |         | \$12.00  | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B: 17.2   |  |         | 100% of fair market value, up to any applicable statutory limit      |                                    |
|    | Checking Account: Bank of America<br>Account ending 8174                               | \$1,686.00   |         | \$1,686.00   | 735 ILCS 5/12-1001(b)              |
|    | Owned jointly with Debtor's spouse<br>Line from <i>Schedule A/B</i> : 17.3             |  |         | 100% of fair market value, up to any applicable statutory limit      |                                    |
|    | State Refund: 2017 Tax Refund Owned jointly with Debtor's spouse                       | \$236.50   |         | \$236.50   | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B: 28.1   |  |         | 100% of fair market value, up to any applicable statutory limit      |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every     |  |         | led on or after the date of adjustme                                 | nt.)                               |
|    | <ul><li>No</li><li>Yes. Did you acquire the property cove</li></ul>                    | red by the exemption w   | ithin 1 | ,215 days before you filed this case                                 | ?                                  |
|    | □ No   | •  |         |  |                                    |
|    | П Уес  |  |         |  |                                    |

|   |                           | Document                                  | Page 18          | of 55                              |  |                   |
|---|---------------------------|---|------------------|------------------------------------|--|-------------------|
| Fill in this information to ide   | entify your case:         |   |                  |                                    |  |                   |
| Debtor 1 Brittany   | S. Kaczorowski            |   |                  |                                    |  |                   |
| First Name  |                           | le Name                                   | Last Name        |                                    |  |                   |
| Debtor 2  |                           |   |                  |                                    |  |                   |
| (Spouse if, filing) First Name  | Midd                      | le Name                                   | Last Name        |                                    |  |                   |
| United States Bankruptcy Cou  | urt for the: NORTHE       | RN DISTRICT OF IL                         | LINOIS           |                                    |  |                   |
| ,,,,,,,,,,,,,,,,  |                           |   |                  |                                    |  |                   |
| Case number   |                           |   |                  |                                    |  |                   |
| (if known)  |                           |   |                  |                                    | _  | if this is an     |
|   |                           |   |                  |                                    | amend  | led filing        |
| Official Form 106D  |                           |   |                  |                                    |  |                   |
|   |                           |   | _                |                                    |  |                   |
| Schedule D: Cred  | ditors Who H              | ave Claims                                | Secured          | by Property                        | <u>y                                    </u> | 12/15             |
| Be as complete and accurate as is needed, copy the Additional Pnumber (if known). |                           |   |                  |                                    |  |                   |
| 1. Do any creditors have claims   | secured by your propert   | y?  |                  |                                    |  |                   |
| ☐ No. Check this box and  | d submit this form to the | e court with your other                   | r schedules. Yo  | u have nothing else t              | o report on this form.                       |                   |
| Yes. Fill in all of the inf   | formation below           |   |                  |                                    |  |                   |
|   |                           |   |                  |                                    |  |                   |
| Part 1: List All Secured C  |                           |   |                  | Column A                           | Column B                                     | Column C          |
| 2. List all secured claims. If a crefor each claim. If more than one of           |                           |   |                  | Amount of claim                    | Value of collateral                          | Unsecured         |
| much as possible, list the claims in  |                           |   |                  | Do not deduct the                  | that supports this                           | portion           |
| 2.1 Citizens Bank   | Describe the              | property that secures                     | the claim:       | value of collateral.<br>\$7,170.00 | claim<br>\$3,200.00                          | If any \$3,970.00 |
| Creditor's Name   |                           | vrolet Spark 71,000                       |                  | Ψ1,170.00                          | ψ3,200.00                                    | ψ3,970.00         |
|   |                           | ntly with Debtor's s                      |                  |                                    |  |                   |
| Attention: ROP-15B  | •                         |   |                  |                                    |  |                   |
| 1 Citizens Drive  | As of the da apply.       | te you file, the claim is:                | Check all that   |                                    |  |                   |
| Riverside, RI 02940   | ☐ Continger               | nt  |                  |                                    |  |                   |
| Number, Street, City, State & Zip   | Code Unliquida            | ted                                       |                  |                                    |  |                   |
|   | ☐ Disputed                |   |                  |                                    |  |                   |
| Who owes the debt? Check on   | e. Nature of lie          | en. Check all that apply.                 |                  |                                    |  |                   |
| Debtor 1 only   | ■ An agree                | ment you made (such as                    | mortgage or secu | ired                               |  |                   |
| Debtor 2 only   | car loan)                 |   |                  |                                    |  |                   |
| Debtor 1 and Debtor 2 only  | ☐ Statutory               | lien (such as tax lien, me                | echanic's lien)  |                                    |  |                   |
| At least one of the debtors and   |                           | t lien from a lawsuit                     |                  |                                    |  |                   |
| Check if this claim relates to community debt                                     | o a Other (inc            | cluding a right to offset)                |                  |                                    |  |                   |
| Oper  | ned                       |   |                  |                                    |  |                   |
| Date debt was incurred 08/13  | 3 Last                    | 4 digits of account num                   | ober 0015        |                                    |  |                   |
|   |                           |   |                  |                                    |  |                   |
| 2.2 Quicken Loans, Inc.   | Describe the              | property that secures                     | the claim:       | \$94,242.00                        | \$128,500.00                                 | \$0.00            |
| Creditor's Name   |                           | tate Street Marengo                       | o, IL            |                                    |  |                   |
|   |                           | Henry County                              |                  |                                    |  |                   |
|   |                           | ermined by appraisa<br>I May 23, 2017. Fa |                  |                                    |  |                   |
|   |                           | 128,500.00. Debto                         |                  |                                    |  |                   |
|   |                           | Property is owned jo                      |                  |                                    |  |                   |
|   | Debtor's s                | pouse.                                    |                  |                                    |  |                   |
| 1050 Woodward Aver  | nue As of the da          | te you file, the claim is:                | Check all that   |                                    |  |                   |
| Detroit, MI 48226   | ☐ Continger               | nt  |                  |                                    |  |                   |
| Number, Street, City, State & Zip   |                           |   |                  |                                    |  |                   |
|   | ☐ Disputed                |   |                  |                                    |  |                   |
| Who owes the debt? Check on   |                           | en. Check all that apply.                 |                  |                                    |  |                   |
| Debtor 1 only   |                           | ment you made (such as                    | mortgage or secu | ıred                               |  |                   |
| Debtor 2 only   | car loan)                 |   |                  |                                    |  |                   |
| ☐ Debtor 1 and Debtor 2 only  | •                         | lien (such as tax lien, me                | echanic's lien)  |                                    |  |                   |
| At least one of the debtors and   | d another                 | t lien from a lawsuit                     |                  |                                    |  |                   |

Official Form 106D

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| Debtor   | 1 Brittany S.                                    | Kaczorowski                          |  |              | Case number (if know)   |
|----------|--|--------------------------------------|--|--------------|---|
|          | First Name                                       | Middle Na                            | me Last Name   |              |   |
|          | eck if this claim re<br>mmunity debt             | lates to a                           | Other (including a right to offset)  |              |   |
| Date de  | ebt was incurred                                 | Opened<br>06/17 Last<br>Active 02/18 | Last 4 digits of account number  | 4389         |   |
| Add t    | he dollar value of                               | your entries in C                    | olumn A on this page. Write that number  | here:        | \$101,412.00  |
|          | is the last page of that number here             |                                      | the dollar value totals from all pages.  |              | \$101,412.00  |
| Part 2   | List Others t                                    | o Be Notified fo                     | r a Debt That You Already Listed   |              |   |
| trying t | o collect from you                               | u for a debt you o                   | we to someone else, list the creditor in Pa<br>you listed in Part 1, list the additional cre | art 1, and t | u already listed in Part 1. For example, if a collection agency is<br>then list the collection agency here. Similarly, if you have more<br>re. If you do not have additional persons to be notified for any |
|          | Name, Number, St<br>Quicken Loans<br>PO Box 6577 | reet, City, State & Z<br>s, Inc.     | Zip Code   |              | ich line in Part 1 did you enter the creditor?  |
|          | Carol Stream,                                    | IL 60197-6577                        |  |              | <u> </u>  |

|                              | 0430 10 00010   | Docume Docume   | nt Page 2                                   | 0 of 55  |  | oo wan                                       |
|------------------------------|---|---|---|--|--|--|
| Fill in                      | this information to identify ye   |   |   |  |  |  |
| Debto                        | r 1 Brittany S. Kac   | zorowski  |   |  |  |  |
|                              | First Name  | Middle Name   | Last Name                                   |  | _  |  |
| Debto                        |   | Middle Name   | Last Name                                   |  | _  |  |
| (Spouse                      | e if, filing) First Name  | Middle Name   | Last Name                                   |  |  |  |
| United                       | d States Bankruptcy Court for th  | e: NORTHERN DISTRICT  | OF ILLINOIS                                 |  | _  |  |
| Case                         | number  |   |   |  |  |  |
| (if know                     | n)  |   |   |  |  | check if this is an                          |
|                              |   |   |   |  | a  | mended filing                                |
| ∩ffic                        | ial Form 106E/F   |   |   |  |  |  |
|                              | edule E/F: Creditors  | Who Have Unsecu   | ırad Claime                                 |  |  | 12/15  |
|                              | complete and accurate as possible   |   |   | Port 2 for oraditors with                          | NONDDIODITY alai                           |  |
| Schedu<br>Schedu<br>eft. Att | ecutory contracts or unexpired lea<br>ule G: Executory Contracts and Ule D: Creditors Who Have Claims<br>ach the Continuation Page to this<br>and case number (if known). | nexpired Leases (Official Form 1<br>Secured by Property. If more sp | 06G). Do not include<br>ace is needed, copy | any creditors with part the Part you need, fill it | ially secured claims<br>out, number the en | that are listed in tries in the boxes on the |
| Part 1                       | List All of Your PRIORITY   | Unsecured Claims  |   |  |  |  |
| 1. Do                        | any creditors have priority unse  | cured claims against you?   |   |  |  |  |
|                              | No. Go to Part 2.   |   |   |  |  |  |
|                              | Yes.  |   |   |  |  |  |
| Part 2                       | List All of Your NONPRIC  | RITY Unsecured Claims   |   |  |  |  |
| 3. Do                        | any creditors have nonpriority u  | nsecured claims against you?  |   |  |  |  |
|                              | No. You have nothing to report in t   | his part. Submit this form to the co                                | urt with your other sche                    | edules.  |  |  |
|                              | Yes.  |   |   |  |  |  |
| un<br>tha                    | st all of your nonpriority unsecure<br>secured claim, list the creditor sepal<br>an one creditor holds a particular claud<br>art 2.                                       | rately for each claim. For each clai                                | m listed, identify what t                   | type of claim it is. Do not                        | list claims already inc                    | luded in Part 1. If more                     |
|                              |   |   |   |  |  | Total claim                                  |
| 4.1                          | Advocate Good Shepherd  | Hospital Last 4 digits  | of account number                           | 3070   |  | \$588.84                                     |
|                              | Nonpriority Creditor's Name   | \A/I <sub>1</sub> 41  |   |  |  |  |
|                              | P.O. Box 4248<br>Carol Stream, IL 60197   | wnen was tr   | ne debt incurred?                           |  |  | -  |
|                              | Number Street City State Zlp Cod  | le As of the da   | te you file, the claim i                    | is: Check all that apply                           |  |  |
|                              | Who incurred the debt? Check  | one.  |   |  |  |  |
|                              | Debtor 1 only   | ☐ Continger   | nt  |  |  |  |
|                              | Debtor 2 only   | ☐ Unliquida   | ted   |  |  |  |
|                              | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |  |  |  |
|                              | ☐ At least one of the debtors and   | T(1)01  | IPRIORITY unsecured                         | d claim:   |  |  |
|                              | ☐ Check if this claim is for a  | community   | oans  |  |  |  |
|                              | debt  | •   | • .   | aration agreement or divo                          | orce that you did not                      |  |
|                              | Is the claim subject to offset?   | report as pric  | •   |  |  |  |
|                              | No  |   | •   | ng plans, and other simila                         | ar debts                                   |  |
|                              | ☐ Yes   | Other. Sp   | Medical ser                                 | vices  |  | -  |
|                              |   |   |   |  |  |  |

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Case number (if know)

| Debu | Dillary S. Naczorowski                                      |  | Case Humber (II know)                         |            |
|------|---|--|---|------------|
| 4.2  | Bank Of America   | Last 4 digits of account number                            | 6045  | \$6,658.00 |
|      | Nonpriority Creditor's Name<br>Nc4-105-03-14                | When was the debt incurred?                                | Opened 08/15                                  |            |
|      | PO Box 26012  |  |   |            |
|      | Greensboro, NC 27410  Number Street City State Zlp Code     | As of the date you file, the claim                         | is: Chack all that apply                      |            |
|      | Who incurred the debt? Check one.                           | As of the date you me, the claim                           | s. Check all that apply                       |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|      | Debtor 2 only   | ☐ Unliquidated   |   |            |
|      | Debtor 1 and Debtor 2 only                                  | ☐ Disputed   |   |            |
|      | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|      | ☐ Check if this claim is for a community                    | ☐ Student loans  |   |            |
|      | debt  | ☐ Obligations arising out of a sepa                        | ration agreement or divorce that you did not  |            |
|      | Is the claim subject to offset?                             | report as priority claims                                  |   |            |
|      | No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|      | Yes   | ■ Other. Specify Credit Card                               |   |            |
| 4.3  | Capital One   | Last 4 digits of account number                            | 9726  | \$0.00     |
|      | Nonpriority Creditor's Name General Correspondence          | When was the debt incurred?                                | Opened 02/10                                  |            |
|      | PO Box 30285  |  |   |            |
|      | Salt lake City, UT 84130  Number Street City State Zlp Code | As of the date you file, the claim                         | is: Check all that apply                      |            |
|      | Who incurred the debt? Check one.                           | As of the date you me, the claim                           | в. Спеск ан тас арру                          |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|      | Debtor 2 only   | ☐ Unliquidated   |   |            |
|      | Debtor 1 and Debtor 2 only                                  | ☐ Disputed   |   |            |
|      | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|      | ☐ Check if this claim is for a community                    | ☐ Student loans  |   |            |
|      | debt  | ☐ Obligations arising out of a sepa                        | ration agreement or divorce that you did not  |            |
|      | Is the claim subject to offset?                             | report as priority claims                                  |   |            |
|      | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|      | Yes   | Other. Specify Notice only                                 |   |            |
| 4.4  | Chase Card Services   | Last 4 digits of account number                            | 5168  | \$0.00     |
|      | Nonpriority Creditor's Name Attn: Correspondence Department | When was the debt incurred?                                | Opened 01/97                                  |            |
|      | PO Box 15298<br>Wilmington, DE 19850                        |  |   |            |
|      | Number Street City State Zlp Code                           | As of the date you file, the claim                         | is: Check all that apply                      |            |
|      | Who incurred the debt? Check one.                           |  |   |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|      | Debtor 2 only   | ☐ Unliquidated   |   |            |
|      | ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed   |   |            |
|      | $\square$ At least one of the debtors and another           | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|      | ☐ Check if this claim is for a community                    | Student loans  |   |            |
|      | debt Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims | tration agreement or divorce that you did not |            |
|      | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|      | Yes   | ■ Other. Specify Notice only                               |   |            |
|      |   |  |   |            |

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Case number (if know)

| Debioi | Brittarry S. Naczorowski                                    |  | Case Humber (II know)                         |                  |
|--------|---|--|---|------------------|
| 4.5    | Chesapeake Toxicology                                       | Last 4 digits of account number                              | 3896  | \$215.23         |
|        | Nonpriority Creditor's Name<br>8415 Progress Drive, Suite V | When was the debt incurred?                                  | 07/16//2016                                   |                  |
|        | Frederick, MD 21701  Number Street City State Zlp Code      | As of the date you file, the claim                           | is: Chack all that apply                      |                  |
|        | Who incurred the debt? Check one.                           | As of the date you me, the claim                             | в. Спеск ан так арру                          |                  |
|        | Debtor 1 only   | Пол  |   |                  |
|        |   | ☐ Contingent   |   |                  |
|        | Debtor 2 only   | Unliquidated   |   |                  |
|        | ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed   |   |                  |
|        | At least one of the debtors and another                     | Type of NONPRIORITY unsecured                                | d claim:                                      |                  |
|        | ☐ Check if this claim is for a community                    | Student loans  |   |                  |
|        | debt Is the claim subject to offset?                        | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |                  |
|        | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                  |
|        | Yes   | Other. Specify Medical ser                                   | vices   |                  |
| 4.6    | Discover Financial  | Last 4 digits of account number                              | 5246  | \$12,171.00      |
|        | Nonpriority Creditor's Name PO Box 3025                     | When was the debt incurred?                                  | Opened 11/07                                  |                  |
|        | New Albany, OH 43054  Number Street City State Zlp Code     | As of the date you file, the claim                           | is: Check all that apply                      |                  |
|        | Who incurred the debt? Check one.                           | ,                      | oncon an man app.y                            |                  |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |                  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |                  |
|        | Debtor 1 and Debtor 2 only                                  | ☐ Disputed   |   |                  |
|        |   | Type of NONPRIORITY unsecure                                 | d claim:                                      |                  |
|        | At least one of the debtors and another                     | Student loans  | a diami.                                      |                  |
|        | ☐ Check if this claim is for a community debt               |  | aration agreement or divorce that you did not |                  |
|        | Is the claim subject to offset?                             | report as priority claims                                    | tration agreement or divorce that you did not |                  |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                  |
|        | Yes   | ■ Other Specify Credit Card                                  |   |                  |
| 4.7    | Mahala/Danastasant of Education                             | Last Adiates of account months                               | 0000  | <b>₽0.704.00</b> |
| 4.7    | Mohela/Department of Education  Nonpriority Creditor's Name | Last 4 digits of account number                              |   | \$2,724.00       |
|        | 633 Spirit Drive  | When was the debt incurred?                                  | Opened 08/07                                  |                  |
|        | Chesterfield, MO 63005                                      | _  | <u> </u>                                      |                  |
|        | Number Street City State Zlp Code                           | As of the date you file, the claim                           | is: Check all that apply                      |                  |
|        | Who incurred the debt? Check one.                           | _  |   |                  |
|        | ■ Debtor 1 only   | Contingent   |   |                  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |                  |
|        | ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed   |   |                  |
|        | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured                                | d claim:                                      |                  |
|        | ☐ Check if this claim is for a community                    | Student loans  |   |                  |
|        | debt  |  | aration agreement or divorce that you did not |                  |
|        | Is the claim subject to offset?                             | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debte              |                  |
|        | ■ No  |  | ng pians, and other similal debts             |                  |
|        | ☐ Yes   | Other. Specify   |   |                  |
|        |   | Student Loa  | an  |                  |

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Case number (if know)

| Debioi | Dillary S. Naczorowski                                    |  | Case Humber (II know)                         |            |
|--------|---|--|---|------------|
| 4.8    | Mohela/Department of Education                            | Last 4 digits of account number                            | 0001  | \$2,775.00 |
|        | Nonpriority Creditor's Name<br>633 Spirit Drive           | When was the debt incurred?                                | Opened 03/07                                  |            |
|        | Chesterfield, MO 63005  Number Street City State Zlp Code | As of the date you file, the claim                         | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.                         | As of the date you me, the dam's                           | з. Опеск ан так арру                          |            |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|        | ☐ Check if this claim is for a community                  | Student loans  |   |            |
|        | debt  | Obligations arising out of a sepa                          | ration agreement or divorce that you did not  |            |
|        | Is the claim subject to offset?                           | report as priority claims                                  |   |            |
|        | No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|        | Yes   | Other. Specify   |   |            |
|        |   | Student Loa  | ın  |            |
| 4.9    | Syncb/Phillips 66   | Last 4 digits of account number                            |   | \$0.00     |
|        | Nonpriority Creditor's Name Attn: Bankruptcy              | When was the debt incurred?                                | Opened 7/20/05                                |            |
|        | PO Box 965060   | when was the dept incurred:                                | Opened 7/20/03                                |            |
|        | Orlando, FL 32896   |  |   |            |
|        | Number Street City State Zlp Code                         | As of the date you file, the claim                         | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.                         |  |   |            |
|        | Debtor 1 only   | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|        | Check if this claim is for a community                    | Student loans  |   |            |
|        | debt Is the claim subject to offset?                      | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |
|        | Yes   | ■ Other. Specify Notice only                               |   |            |
|        |   |  |   |            |
| 4.1    | Tnb-Visa / Target   | Last 4 digits of account number                            | 0862  | \$3,269.00 |
| 0      | Nonpriority Creditor's Name                               | - Last 4 digits of account number                          |   | Ψο,Σου.σο  |
|        | C/O Financial & Retail Services Mailstop BV PO Box 9475   | When was the debt incurred?                                | Opened 11/05                                  |            |
|        | Minneapolis, MN 55440                                     | _  |   |            |
|        | Number Street City State ZIp Code                         | As of the date you file, the claim                         | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.                         |  |   |            |
|        | Debtor 1 only   | Contingent   |   |            |
|        | Debtor 2 only   | Unliquidated   |   |            |
|        | Debtor 1 and Debtor 2 only                                | Disputed   | d alaba.                                      |            |
|        | At least one of the debtors and another                   | Type of NONPRIORITY unsecured                              | a ciaim:                                      |            |
|        | ☐ Check if this claim is for a community debt             | Student loans  |   |            |
|        | Is the claim subject to offset?                           | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |            |
|        | ■ No  | Debts to pension or profit-sharin                          | ng plans, and other similar debts             |            |
|        | ☐ Yes   | ■ Other. Specify Credit Card                               |   |            |
|        |   |  |   |            |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Brittany S. Kaczorowski                            |  | Case number (if know)  |
|---|--|--|
| Bank of America<br>P.O. Box 851001<br>Dallas, TX 75285-1001 | Line 4.2 of (Check one):               | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Dallas, 17 13205-1001                                       | Last 4 digits of account numb          | per  |
| Name and Address  | -                                      | art 2 did you list the original creditor?  |
| Bank of America   | Line $\underline{4.2}$ of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| PO Box 982234<br>El Paso, TX 79998-2234                     |  | Part 2: Creditors with Nonpriority Unsecured Claims  |
|   | Last 4 digits of account numb          | per  |
| Name and Address  | On which entry in Part 1 or Part       | art 2 did you list the original creditor?  |
| Discover Financial  | Line $\underline{4.6}$ of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| PO Box 6103<br>Carol Stream, IL 60197-6103                  |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Carol Greath, 12 60 107 6 166                               | Last 4 digits of account numb          | per  |
| Name and Address  | On which entry in Part 1 or Pa         | art 2 did you list the original creditor?  |
| Target Card Services  | Line 4.10 of (Check one):              | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| P.O. Box 660170<br>Dallas, TX 75266                         |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Banao, 177 10200  | Last 4 digits of account numb          | per  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|     |   |  | 7   | Total Claim   |
|-----|---|--|---|---|
| 6a. | Domestic support obligations  | 6a.  | \$  | 0.00  |
|     |   |  |   |   |
| 6b. | Taxes and certain other debts you owe the government                              | 6b.  | \$  | 0.00  |
| 6c. | Claims for death or personal injury while you were intoxicated                    | 6c.  | \$  | 0.00  |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d.  | \$  | 0.00  |
| 6e. | Total Priority. Add lines 6a through 6d.  | 6e.  | \$  | 0.00  |
|     |   |  | 7   | Total Claim   |
| 6f. | Student loans   | 6f.  | \$  | 5,499.00  |
|     |   |  |   |   |
| 6g. |   | 6g.  | \$  | 0.00  |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h.  | \$  | 0.00  |
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i.  | \$  | 22,902.07   |
| 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j.  | \$  | 28,401.07   |
|     | 6b.<br>6c.<br>6d.<br>6e.<br>6f.<br>6g.<br>6h.                                     | <ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul> | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6a. \$  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$  6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ |

| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Brittany S. Kaczor       | owski             |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.3 | City      |              | State   | Zii Code          |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           | 0001         |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     |           |              |   |                   |   |

|                             |  | Documei                        | nt Page 26 of             | <u>55                                   </u>   |
|-----------------------------|--|--------------------------------|---------------------------|--|
| Fill in this                | s information to identify you                                      | case:                          |                           |  |
| Debtor 1                    | Brittany S. Kaczo  | rowski                         |                           |  |
| <b>D</b> 1 4 0              | First Name   | Middle Name                    | Last Name                 |  |
| Debtor 2<br>(Spouse if, fil | ing) First Name  | Middle Name                    | Last Name                 |  |
| United Sta                  | ates Bankruptcy Court for the:                                     | NORTHERN DISTRICT              | OF ILLINOIS               |  |
| Case num                    | nber   |                                |                           |  |
| (if known)                  |  |                                |                           | ☐ Check if this is an amended filing   |
| Officia                     | al Form 106H   |                                |                           |  |
| Sched                       | dule H: Your Cod   | lebtors                        |                           | 12/15  |
| □ No ■ Ye                   |  | you are ming a joint case, d   | o nocust either spouse as | , a couebiol.  |
|                             | thin the last 8 years, have yona, California, Idaho, Louisiana     |                                |                           | (Community property states and territories include gton, and Wisconsin.)   |
| ■ No                        | . Go to line 3.  |                                |                           |  |
|                             | s. Did your spouse, former spo                                     | ouse, or legal equivalent live | with you at the time?     |  |
| in lin<br>Form              | e 2 again as a codebtor only                                       | if that person is a guarant    | or or cosigner. Make su   | your spouse is filing with you. List the person shown ire you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill |
|                             | Column 1: Your codebtor<br>Name, Number, Street, City, State and a | ZIP Code                       |                           | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1                         | Michael Kaczorowski<br>1101 N. State St.<br>Marengo, IL 60152      |                                |                           | ■ Schedule D, line2.2<br>□ Schedule E/F, line<br>□ Schedule G<br>Quicken Loans, Inc.   |

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| Fill in this information        | n to identify your case:                           |  |
|---------------------------------|--|--|
| Debtor 1                        | Brittany S. Kaczorowski                            |  |
| Debtor 2<br>(Spouse, if filing) |  |  |
| United States Bankr             | uptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |  |
| Case number(If known)           |  | Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Forr                   | m 106l   | 13 income as of the following date:  |

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

| Fill in your employment information.                        |                       | Debtor 1                             | Debtor 2 or non-filing spouse                 |
|---|-----------------------|--------------------------------------|---|
| If you have more than one job,                              | Empleyment status     | ■ Employed                           | ■ Employed                                    |
| attach a separate page with information about additional    | Employment status     | ☐ Not employed                       | ☐ Not employed                                |
| employers.  | Occupation            | Lead Teacher                         | Live Chat Advisor                             |
| Include part-time, seasonal, or self-employed work.         | Employer's name       | Goddard School / School At the Grove | Colorado Technical University                 |
| Occupation may include student or homemaker, if it applies. | Employer's address    | 2496 Bushwood<br>Elgin, IL 60124     | 231 N. Martingale Rd.<br>Schaumburg, IL 60173 |
|   | How long employed the | nere? 2 years                        | 1.5 years                                     |

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or

|    |  |    |      | TOT DEDICT T |     | filing spouse |
|----|--|----|------|--------------|-----|---------------|
| 2. | <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$_  | 2,219.00     | \$  | 3,998.00      |
| 3. | Estimate and list monthly overtime pay.  | 3. | +\$_ | 0.00         | +\$ | 0.00          |
| 4. | Calculate gross Income. Add line 2 + line 3.   | 4. | \$_  | 2,219.00     | \$  | 3,998.00      |

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1         | Brittany S. Kaczorowski   | _        | (              | Case        | number (if kn | own) | _    |                    |                |                  |
|-----|---------------|---|----------|----------------|-------------|---------------|------|------|--------------------|----------------|------------------|
|     |               |   |          |                | For         | Debtor 1      |      | F    | For Debtor         | 2 or           |                  |
|     |               |   |          |                | 1 01        | Debtor 1      |      |      | on-filing s        |                |                  |
|     | Copy          | y line 4 here   | 4.       |                | \$          | 2,219         | .00  | \$   |                    | 998.00         |                  |
| 5.  | List          | all payroll deductions:   |          |                |             |               |      |      |                    |                |                  |
|     | 5a.           | Tax, Medicare, and Social Security deductions   | 5a       | ١.             | \$          | 350           | .00  | \$   | j                  | 744.00         |                  |
|     | 5b.           | Mandatory contributions for retirement plans  | 5b       | ).             | \$_         |               | .00  | \$   | <u> </u>           | 0.00           | _                |
|     | 5c.           | Voluntary contributions for retirement plans  | 5c       | :.             | \$          | 0             | .00  | \$   | ,                  | 109.00         | _                |
|     | 5d.           | Required repayments of retirement fund loans  | 5d       | l.             | \$_         | 0             | .00  | \$   | ;                  | 0.00           | _                |
|     | 5e.           | Insurance   | 5e       | <del>)</del> . | \$          | 200           | .00  | \$   |                    | 355.00         | _                |
|     | 5f.           | Domestic support obligations  | 5f.      |                | \$_         |               | .00  | \$   |                    | 0.00           | _                |
|     | 5g.           | Union dues  | 5g       |                | \$_         |               | .00  | \$   |                    | 0.00           | _                |
|     | 5h.           | Other deductions. Specify:  | _ 5h     | 1.+            | \$_         | 0             | .00  | + \$ |                    | 0.00           | _                |
| 6.  |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       |                | \$          | 550           |      | \$   |                    | 208.00         | _                |
| 7.  | Caic          | rulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |                | \$ _        | 1,669         | .00  | \$   | 2                  | 790.00         | _                |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross   |          |                |             |               |      |      |                    |                |                  |
|     |               | receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a       |                | \$          | 0             | .00  | \$   |                    | 0.00           |                  |
|     | 8b.           | Interest and dividends  | 8b       |                | <b>\$</b> - |               | .00  | \$   |                    | 0.00           | _                |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |          |                | *_          |               | .00_ | •    |                    | 0.00           | <u>-</u>         |
|     |               | settlement, and property settlement.  | 8c       | :.             | \$          | 0             | .00  | \$   | <u>;</u>           | 0.00           |                  |
|     | 8d.           | Unemployment compensation   | 8d       | l.             | \$          |               | .00  | \$   | ,                  | 0.00           | _                |
|     | 8e.           | Social Security   | 8e       | <b>.</b>       | \$          | 0             | .00  | \$   | ;                  | 0.00           | _                |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | e<br>8f. |                | \$          | 0             | .00  | \$   | <b>S</b>           | 0.00           |                  |
|     | 8g.           | Pension or retirement income  | 8g       | ١.             | \$          | 0             | .00  | \$   | <u> </u>           | 0.00           |                  |
|     | 8h.           | Other monthly income. Specify:  | 8h       | 1.+            | \$          | C             | .00  | + \$ | i                  | 0.00           | _                |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | 3              | <b>B</b>    | C             | .00  | \$   | j                  | 0.0            | 0                |
| 40  | 0-1-          | odete menther tracers - A LUE - 7 - E - O   | 40       | Φ.             |             | 4 000 00      | •    |      |                    | •              | 4 450 00         |
| 10. |               | •   | 10.      | \$_            |             | 1,669.00      | + \$ |      | 2,790.00           | = \$ _         | 4,459.00         |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | L        |                |             |               |      |      |                    |                |                  |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Include any amounts already included in lines 2-10 or amounts that are not cify:       | depe     |                |             | , ,           |      | ,    | in <i>Schedule</i> | e J.<br>+\$    | 0.00             |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |          |                |             |               |      |      |                    | \$             | 4,459.00         |
|     |               |   |          |                |             |               |      |      |                    | Combi<br>month | ned<br>ly income |
| 13. | Do y<br>■     | ou expect an increase or decrease within the year after you file this form No.  | ?        |                |             |               |      |      |                    |                | -                |
|     | $\Box$        | Yes, Explain:   |          |                |             |               |      |      |                    |                |                  |

Official Form 106I Schedule I: Your Income page 2

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| -:II      | in this informs                                  | tion to inlantify                                      |  |  |   |                             |             |                                       |  |    |
|-----------|--|--|--|--|---|-----------------------------|-------------|---------------------------------------|--|----|
| FIII      | in this informa                                  | tion to identify yo                                    | our case:                                |  |   |                             |             |                                       |  |    |
| Deb       | tor 1  | Brittany S. Ka   | aczorowsl                                | ki   |   |                             |             | if this is:                           |  |    |
| Deb       | tor 2  |  |  |  |   |                             |             | n amended filing                      | ving poetpetition chapter                            |    |
|           | ouse, if filing)                                 |  |  |  |   |                             |             |                                       | ving postpetition chapter the following date:        |    |
| Unit      | ed States Bankr                                  | runtey Court for the                                   | · NORTH                                  | HERN DISTRICT OF ILLIN                                     | IOIS  |                             |             | M / DD / YYYY                         |  |    |
|           |  | aptoy Court for the                                    | . 101111                                 | ILIAN DIOTRIOT OF ILLEN                                    |   |                             | 101         | W/ DD/ 1111                           |  |    |
|           | e number<br>nown)                                |  |  |  |   |                             |             |                                       |  |    |
| Of        | fficial Fo                                       | rm 106J  |  |  |   |                             |             |                                       |  |    |
| Sc        | chedule  | J: Your  | <br>Exper                                | ises   |   |                             |             |                                       | 12/ <sup>-</sup>                                     | 15 |
| Be info   | as complete a<br>ormation. If m<br>mber (if know | and accurate as<br>lore space is ne<br>n). Answer evel | s possible.<br>eded, atta<br>ry question | . If two married people a<br>ich another sheet to this     |   |                             |             |                                       |  |    |
| Par<br>1. | t 1: Descr                                       | ibe Your House   | hold                                     |  |   |                             |             |                                       |  | _  |
|           | ■ No. Go to                                      | line 2.  | :n a aanaa                               | ate household?   |   |                             |             |                                       |  |    |
|           |  |  | in a separ                               | ate nousenoid?   |   |                             |             |                                       |  |    |
|           | □ N<br>□ Y                                       |  | st file Offici                           | al Form 106J-2, Expense                                    | s for Separate House                                | hold of D                   | ebtor       | · 2.                                  |  |    |
| 2.        | Do you have                                      | e dependents?  | □ No                                     |  |   |                             |             |                                       |  |    |
|           | Do not list D<br>Debtor 2.                       | ebtor 1 and  | ■ Yes.                                   | Fill out this information for each dependent               | Dependent's relation Debtor 1 or Debtor             |                             |             | Dependent's age                       | Does dependent live with you?                        |    |
|           | Do not state                                     | the  |  |  |   |                             |             |                                       | □ No   |    |
|           | dependents                                       | names.   |  |  | Daughter  |                             |             | 18 months                             | ■ Yes  |    |
|           |  |  |  |  |   |                             |             |                                       | □ No   |    |
|           |  |  |  |  |   |                             |             |                                       | ☐ Yes  |    |
|           |  |  |  |  |   |                             |             |                                       | □ No   |    |
|           |  |  |  |  |   |                             |             |                                       | ☐ Yes  |    |
|           |  |  |  |  |   |                             |             |                                       | □ No   |    |
| 2         | De veur evr                                      | anasa insluda  | _  |  |   |                             |             |                                       | ☐ Yes  |    |
| 3.        | expenses of                                      | enses include<br>f people other t<br>d your depende    | han $_{oldsymbol{\square}}$              | No<br>Yes  |   |                             |             |                                       |  |    |
| Par       |  | ate Your Ongoi   |  |  |   |                             |             |                                       |  |    |
| exp       | imate your ex<br>enses as of a<br>dicable date.  | penses as of your date after the l                     | our bankri<br>bankruptc                  | uptcy filing date unless y<br>y is filed. If this is a sup | you are using this fo<br>plemental <i>Schedul</i> e | rm as a<br><i>J</i> , check | supp<br>the | plement in a Cha<br>box at the top of | pter 13 case to report<br>f the form and fill in the | ;  |
|           |  |  |  | government assistance                                      |   |                             |             |                                       |  |    |
| the       |  | h assistance an  |  | cluded it on Schedule I:                                   |   |                             | _           | Your expe                             | enses  |    |
| 4.        |  | or home owners   |  | ses for your residence.                                    | Include first mortgage                              | 4.                          | \$          |                                       | 798.00   |    |
|           | If not includ                                    | led in line 4:   |  |  |   |                             |             |                                       |  |    |
|           | 4a. Real e                                       | estate taxes   |  |  |   | 4a.                         | \$          |                                       | 0.00   |    |
|           | 4b. Prope  | rty, homeowner's                                       | s, or renter                             | 's insurance   |   | 4b.                         | \$          |                                       | 0.00   |    |
|           |  |  | •  | upkeep expenses  |   | 4c.                         | \$          |                                       | 150.00   |    |
| _         |  | owner's associat                                       |  |  |   | 4d.                         |             |                                       | 0.00   |    |
| 5.        | Additional r                                     | nortgage payme   | ents for vo                              | our residence, such as ho                                  | ome equity loans                                    | 5.                          | \$          |                                       | 0.00   |    |

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| Deb | or 1 Brittany S. Kaczorowski C  | Case num | ber (if known)      |                            |
|-----|---|----------|---------------------|----------------------------|
| 3.  | Utilities:  |          |                     |                            |
| J.  | 6a. Electricity, heat, natural gas  | 6a.      | \$                  | 175.00                     |
|     | 6b. Water, sewer, garbage collection  | 6b.      | ·                   | 80.00                      |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.      | ·                   |                            |
|     |   |          | ·                   | 100.00                     |
|     |   | 6d.      | ·                   | 0.00                       |
|     | Food and housekeeping supplies  | 7.       | ·                   | 800.00                     |
|     | Childcare and children's education costs  | 8.       | ·                   | 250.00                     |
|     | Clothing, laundry, and dry cleaning   | 9.       | · .                 | 100.00                     |
| 0.  | Personal care products and services   | 10.      | \$                  | 100.00                     |
| 1.  | Medical and dental expenses   | 11.      | \$                  | 300.00                     |
| 2.  | <b>Transportation.</b> Include gas, maintenance, bus or train fare.   | 12.      | \$                  | 350.00                     |
| 2   | Do not include car payments.  |          | ·                   |                            |
|     | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.      | · .                 | 100.00                     |
|     | Charitable contributions and religious donations  | 14.      | Φ                   | 0.00                       |
| 5.  | Insurance.  |          |                     |                            |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.   | 4-       | Φ.                  |                            |
|     | 15a. Life insurance   | 15a.     | · -                 | 0.00                       |
|     | 15b. Health insurance   | 15b.     | · -                 | 0.00                       |
|     | 15c. Vehicle insurance  | 15c.     |                     | 258.00                     |
|     | 15d. Other insurance. Specify:  | 15d.     | \$                  | 0.00                       |
| 6.  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |          |                     |                            |
|     | Specify:  | 16.      | \$                  | 0.00                       |
| 7.  | Installment or lease payments: 17a. Car payments for Vehicle 1  | 17a.     | \$                  | 234.00                     |
|     |   |          | ·                   |                            |
|     | 17b. Car payments for Vehicle 2   | 17b.     | ·                   | 266.00                     |
|     | 17c. Other. Specify: Student Loans  | 17c.     | *                   | 365.00                     |
|     | 17d. Other. Specify:  | 17d.     | \$                  | 0.00                       |
| 8.  | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.      | \$                  | 0.00                       |
| 9   | Other payments you make to support others who do not live with you.   |          | \$                  | 0.00                       |
| ٠.  | Specify:  | 19.      |                     | 0.00                       |
| Λ   | Other real property expenses not included in lines 4 or 5 of this form or on Schedu   |          | our Income          |                            |
| Ο.  | 20a. Mortgages on other property  | 20a.     |                     | 0.00                       |
|     | 20b. Real estate taxes  | 20b.     | · -                 | 0.00                       |
|     |   | 20c.     | ·                   |                            |
|     | 20c. Property, homeowner's, or renter's insurance   |          | ·                   | 0.00                       |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d.     |                     | 0.00                       |
|     | 20e. Homeowner's association or condominium dues  | 20e.     | ·                   | 0.00                       |
| 1.  | Other: Specify:   | 21.      | +\$                 | 0.00                       |
| 2.  | Calculate your monthly expenses   |          |                     |                            |
|     | 22a. Add lines 4 through 21.  |          | \$                  | 4,426.00                   |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |          | \$                  | 1, 120.00                  |
|     |   |          | ·                   | 4 400 00                   |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.   |          | \$                  | 4,426.00                   |
| 23. | Calculate your monthly net income.  |          |                     |                            |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a.     | \$                  | 4,459.00                   |
|     | 23b. Copy your monthly expenses from line 22c above.  | 23b.     | -\$                 | 4,426.00                   |
|     | 22a Cubiract your monthly avanage from the manufacture  |          |                     |                            |
|     | <ol> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ol>                                  | 23c.     | \$                  | 33.00                      |
|     | The result to your monthly not mount.   |          |                     |                            |
| 24. | Do you expect an increase or decrease in your expenses within the year after you  |          |                     |                            |
|     | For example, do you expect to finish paying for your car loan within the year or do you expect your m   | nortgage | payment to increase | e or decrease because of a |
|     | modification to the terms of your mortgage?   |          |                     |                            |
|     | ■ No.   |          |                     |                            |
|     | Yes. Explain here:  |          |                     |                            |

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| Fill in this      | information to identify you   | r case:                    |                              |                                |                           |
|-------------------|---|----------------------------|------------------------------|--------------------------------|---------------------------|
| Debtor 1          | Brittany S. Kaczo   | rowski                     |                              |                                |                           |
|                   | First Name  | Middle Name                | Last Name                    |                                |                           |
| Debtor 2          | East Name   | Middle News                | Last Name                    |                                |                           |
| (Spouse if, filir | ng) First Name  | Middle Name                | Last Name                    |                                |                           |
| United Sta        | ates Bankruptcy Court for the:  | NORTHERN DISTRICT          | Γ OF ILLINOIS                |                                |                           |
| Case num          | ber   |                            |                              |                                |                           |
| (if known)        |   |                            |                              |                                | Check if this is an       |
|                   |   |                            |                              |                                | amended filing            |
|                   |   |                            |                              |                                |                           |
| Official          | Form 106Dec   |                            |                              |                                |                           |
|                   | aration About   | an Individual              | Debtor's Sch                 | nedules                        | 12/15                     |
|                   |   |                            |                              |                                |                           |
|                   | noney or property by fraud<br>ooth. 18 U.S.C. §§ 152, 1341,<br>Sign Below |                            | kruptcy case can result in   | fines up to \$250,000, or impi | risonment for up to 20    |
| Did y             | ou pay or agree to pay som  | eone who is NOT an atto    | rney to help you fill out ba | nkruptcy forms?                |                           |
|                   | No  |                            |                              |                                |                           |
| п,                | Yes. Name of person   |                            |                              | Attach Bankruptcy Pe           | tition Preparer's Notice. |
| _                 |   |                            |                              |                                | ature (Official Form 119) |
|                   |   |                            |                              |                                |                           |
|                   | r penalty of perjury, I declard   | e that I have read the sum | nmary and schedules filed    | with this declaration and      |                           |
| <b>Y</b> /c       | s/ Brittany S. Kaczorowski  |                            | X                            |                                |                           |
|                   | rittany S. Kaczorowski  |                            | Signature of D               | ebtor 2                        |                           |
|                   | ignature of Debtor 1  |                            | - 3                          |                                |                           |
| D                 | ate February 20, 2018   |                            | Date                         |                                |                           |
|                   | 1 Oblidary 20, 2010   |                            |                              |                                |                           |

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| E:II :  | n thin inform                   | ation to identify you                       |  |   |  |   |
|---------|---------------------------------|---|--|---|--|---|
|         |                                 | ation to identify you                       |  |   |  |   |
| Debt    | or 1                            | Brittany S. Kaczo                           | Middle Name  | Last Name   |  |   |
| Debt    |                                 |   |  |   |  |   |
| (Spou   | se if, filing)                  | First Name                                  | Middle Name  | Last Name   |  |   |
| Unite   | ed States Ban                   | kruptcy Court for the:                      | NORTHERN DISTRICT (  | OF ILLINOIS   |  |   |
|         | number                          |   |  |   |  |   |
| (if kno | wn)                             |   |  |   |  | heck if this is an<br>mended filing                   |
| ∩ff     | ioial Ear                       | m 107                                       |  |   |  |   |
|         | icial For<br>tement             |   | Affairs for Individ  | duals Filing for B                                    | ankruptcy  | 4/16  |
| inforr  | mation. If mo<br>per (if known) | ore space is needed,<br>). Answer every que | attach a separate sheet to   | this form. On the top of any                          | equally responsible for sup<br>additional pages, write you     |   |
|         |                                 | current marital statu                       |  | Lived Belore  |  |   |
| <br>    | ■ Married □ Not marr            | ied   |  |   |  |   |
| 2. I    | Ouring the la                   | st 3 years, have you                        | lived anywhere other than  | where you live now?                                   |  |   |
|         | _                               |   | ·  | ·   |  |   |
| !<br>[  | ■ No<br>□ Yes. List             | all of the places you I                     | ived in the last 3 years. Do no  | ot include where you live now                         |  |   |
|         | Debtor 1 Price                  | or Address:                                 | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |
|         |                                 |   |  |   | ity property state or territory<br>co, Texas, Washington and W |   |
| ı       | No                              |   |  |   |  |   |
| I       | ☐ Yes. Mak                      | ke sure you fill out Sci                    | hedule H: Your Codebtors (Of   | fficial Form 106H).                                   |  |   |
| Part    | 2 Explain                       | the Sources of You                          | r Income   |   |  |   |
| F       | Fill in the total               | amount of income yo                         | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-                       |  | ndar years?   |
| I       | □ No                            |   |  |   |  |   |
| I       | Yes. Fill i                     | in the details.                             |  |   |  |   |
|         |                                 |   | Debtor 1   |   | Debtor 2   |   |
|         |                                 |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|         | •                               | of current year until<br>I for bankruptcy:  | ■ Wages, commissions, bonuses, tips  | \$4,635.53  | ☐ Wages, commissions, bonuses, tips                            | ,   |
|         |                                 |   | ☐ Operating a business   |   | ☐ Operating a business   |   |

Official Form 107

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Debtor 1 Brittany S. Kaczorowski

|    |   |  | Debtor 1   |   | Debtor 2                                   |   |
|----|---|--|--|---|--|---|
|    |   |  | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|    | For last calendar year:<br>(January 1 to December 31, 2017) |  | ■ Wages, commissions, bonuses, tips                              | \$25,069.41   | ☐ Wages, commissions, bonuses, tips        | \$0.00  |
|    |   |  | ☐ Operating a business   |   | ☐ Operating a business                     |   |
|    |   | dar year before that:<br>December 31, 2016)  | ■ Wages, commissions, bonuses, tips                              | \$22,317.31   | ☐ Wages, commissions, bonuses, tips        | \$0.00  |
|    |   |  | ☐ Operating a business   |   | ☐ Operating a business                     |   |
|    | List each   |  | se and you have income that y ome from each source separat       | •   | nat you listed in line 4.                  |   |
|    |   |  | Debtor 1   |   | Debtor 2                                   |   |
|    |   |  | Sources of income Describe below.                                | Gross income from each source (before deductions and exclusions)  | Sources of income Describe below.          | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: Lis   | t Certain Payments You   | ı Made Before You Filed for E                                    | Bankruptcy  |  |   |
| 6. | Are eithe ☐ No.   | Neither Debtor 1 nor I individual primarily for a During the 90 days before No. Go to line 1 Yes List below paid that co | each creditor to whom you paid<br>reditor. Do not include paymen | mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in ts for domestic support oblig | of \$6,425* or more?                       | ne total amount you                                   |
|    |   |  | payments to an attorney for the<br>on 4/01/19 and every 3 years  |   | or after the date of adjustment            |   |
|    | Yes.  |  | or both have primarily consulore you filed for bankruptcy, did   |   | of \$600 or more?                          |   |

| ■ Y | include pay | each creditor to warments for domes this bankruptcy of | tic support o |  |  | , |  |  |  |
|-----|-------------|--|---------------|--|--|---|--|--|--|
|     |             |  |               |  |  |   |  |  |  |

| Creditor's Name and Address  | Dates of payment   | Total amount paid | Amount you still owe | Was this payment for  |
|--|--|-------------------|----------------------|---|
| Citizens Bank<br>Attention: ROP-15B<br>1 Citizens Drive<br>Riverside, RI 02940 | 11/2018-2/2018<br>Regular monthly<br>auto loan<br>installments | \$702.00          | \$7,170.00           | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul> |

□ No.

Go to line 7.

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|     | Creditor's Name and Address  | Dates of payment  | Total amount paid           | Amount you still owe           | Was this pa   | yment for                |  |  |  |  |  |
|-----|--|---|-----------------------------|--------------------------------|---|--------------------------|--|--|--|--|--|
|     | Quicken Loans, Inc.<br>1050 Woodward Avenue<br>Detroit, MI 48226   | 11/2017-2/2018<br>Regular monthly<br>mortgage<br>installments | \$2,394.00                  | \$94,242.00                    | ■ Mortgage □ Car □ Credit Ca □ Loan Rep □ Suppliers □ Other | ord<br>Dayment           |  |  |  |  |  |
| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one fo a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |   |                             |                                |   |                          |  |  |  |  |  |
|     | ■ No   |   |                             |                                |   |                          |  |  |  |  |  |
|     | ☐ Yes. List all payments to an insider.  Insider's Name and Address  | Dates of payment  | Total amount                | Amount you                     | Reason for  | this payment             |  |  |  |  |  |
| 8.  | Within 1 year before you filed for bankrupt insider?   | cy, did you make any pay                                      | paid<br>ments or transfer a | still owe<br>any property on a | account of a de   | ebt that benefited an    |  |  |  |  |  |
|     | Include payments on debts guaranteed or cos  | signed by an insider.   |                             |                                |   |                          |  |  |  |  |  |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>  |   |                             |                                |   |                          |  |  |  |  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid           | Amount you still owe           | Reason for Include cred                                     | this payment itor's name |  |  |  |  |  |
| Par | t 4: Identify Legal Actions, Repossession  | ns. and Foreclosures  |                             |                                |   |                          |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes, Fill in the details.   |   |                             |                                |   |                          |  |  |  |  |  |
|     | Case title   | Nature of the case  | Court or agency             |                                | Status of th  | e case                   |  |  |  |  |  |
| 10  | Case number Within 1 year before you filed for bankrupt  | ey was any of your prope                                      | orty ronoesossod f          | oroclosed garni                | shod attached   | L soized or levied?      |  |  |  |  |  |
| 10. | Check all that apply and fill in the details below   |   | erty repossesseu, r         | oreciosed, garrii              | sileu, allacileu  | , seizeu, or levieu :    |  |  |  |  |  |
|     | ■ No. Go to line 11. □ Yes. Fill in the information below.   |   |                             |                                |   |                          |  |  |  |  |  |
|     | Creditor Name and Address  | Describe the Property   |                             | Date                           |   | Value of the property    |  |  |  |  |  |
|     |  | Explain what happened   | d                           |                                |   | property                 |  |  |  |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No   |   |                             |                                |   |                          |  |  |  |  |  |
|     | ☐ Yes. Fill in the details.  Creditor Name and Address   | Describe the action the                                       | e creditor took             | Date<br>take                   | action was  | Amount                   |  |  |  |  |  |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  |   | erty in the possess         |                                |   | fit of creditors, a      |  |  |  |  |  |
|     | ■ No □ Yes   |   |                             |                                |   |                          |  |  |  |  |  |

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| Par | t 5: List Certain Gifts and Contributions   |   |                                   |                        |  |  |  |  |  |  |
|-----|---|---|-----------------------------------|------------------------|--|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No  □ Yes. Fill in the details for each gift.   |   |                                   |                        |  |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts  | Dates you gave the gifts          | Value                  |  |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   |   |                                   |                        |  |  |  |  |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No   |   |                                   |                        |  |  |  |  |  |  |
|     | Yes. Fill in the details for each gift or contribution.   |   |                                   |                        |  |  |  |  |  |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  | al Describe what you contributed  | Dates you contributed             | Value                  |  |  |  |  |  |  |
| Par | t 6: List Certain Losses  |   |                                   |                        |  |  |  |  |  |  |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Yes. Fill in the details.   |   |                                   |                        |  |  |  |  |  |  |
|     | how the loss occurred   | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost |  |  |  |  |  |  |
| Par | t 7: List Certain Payments or Transfers   |   |                                   |                        |  |  |  |  |  |  |
| 16. | consulted about seeking bankruptcy or pre   | cy, did you or anyone else acting on your behalf pay of paring a bankruptcy petition? parers, or credit counseling agencies for services require        |                                   | rty to anyone you      |  |  |  |  |  |  |
|     |   | Description and value of any property   | Data naumant                      | Amount of              |  |  |  |  |  |  |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You  | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment      |  |  |  |  |  |  |
|     | Franks, Gerkin & McKenna<br>19333 East Grant Highway<br>Marengo, IL 60152<br>www.fgmlaw.com   | Attorney's fess - \$1,200.00<br>Filing fee - \$335.00<br>Credit report - \$40.00  | 11/25/2017<br>-2/8/2018           | \$1,575.00             |  |  |  |  |  |  |
|     | Credit Counseling Agency  | \$25.00 for credit counseling course  | 2/6/18                            | \$25.00                |  |  |  |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details. |   |                                   |                        |  |  |  |  |  |  |
|     | Person Who Was Paid<br>Address  | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment      |  |  |  |  |  |  |

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Debtor 1 Brittany S. Kaczorowski

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |  |   |            |   |                       |      |  |  |  |  |
|-----|---|--|---|------------|---|-----------------------|------|--|--|--|--|
|     | No No   |  |   |            |   |                       |      |  |  |  |  |
|     | Yes. Fill in the details.   |  |   |            |   |                       |      |  |  |  |  |
|     | Person Who Received Transfer Address  | Description and v<br>property transfer |   | payme      | ibe any property or<br>ents received or debts<br>n exchange | Date transfer v made  | vas  |  |  |  |  |
|     | Person's relationship to you  |  |   |            |   |                       |      |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)   |  |   |            |   |                       |      |  |  |  |  |
|     | ■ No  |  |   |            |   |                       |      |  |  |  |  |
|     | Yes. Fill in the details.   |  |   |            |   |                       |      |  |  |  |  |
|     | Name of trust   | Description and v                      | Description and value of the property transferred                             |            |   |                       | was  |  |  |  |  |
| Par | t 8: List of Certain Financial Accounts, In   | struments. Safe Deposi                 | t Boxes, and Sto  | rage Unit  | s   |                       |      |  |  |  |  |
|     | <u> </u>  | •                                      | •   | •          |   |                       |      |  |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  |  |   |            |   |                       |      |  |  |  |  |
|     | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.   |  |   |            |   |                       |      |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |            |   |                       |      |  |  |  |  |
|     | Name of Financial Institution and   | Last 4 digits of                       | Type of accou   | nt or      | Date account was  | Last bala             | nce  |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  | account number                         | instrument  | •          | closed, sold,<br>moved, or<br>transferred                   | before closin         |      |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |   |            |   |                       |      |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |            |   |                       |      |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   |  | Who else had access to it? Address (Number, Street, City, State and ZIP Code) |            | Describe the contents                                       |                       |      |  |  |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |   |            |   |                       |      |  |  |  |  |
|     | ■ No  |  |   |            |   |                       |      |  |  |  |  |
|     | Yes. Fill in the details.   |  |   |            |   |                       |      |  |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | to it?                                 | Address (Number, Street, City,  |            | the contents  | Do you still have it? |      |  |  |  |  |
| Par | t 9: Identify Property You Hold or Control  | I for Someone Fise                     |   |            |   |                       |      |  |  |  |  |
|     | accounty a repeat y real area or commen   |  |   |            |   |                       |      |  |  |  |  |
| 23. | Do you hold or control any property that so for someone.  | omeone else owns? Incl                 | ude any property  | y you borr | owed from, are storing f                                    | or, or hold in tru    | st   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |            |   |                       |      |  |  |  |  |
|     | Owner's Name  | Where is the prop                      | nerty?  | Describe   | the property  | V                     | alue |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  | (Number, Street, City, S<br>Code)      |   | Describe   | trie property   | V                     | aiue |  |  |  |  |
| Par | t 10: Give Details About Environmental Inf  | ormation                               |   |            |   |                       |      |  |  |  |  |
| For | the purpose of Part 10, the following definiti  | ions apply:                            |   |            |   |                       |      |  |  |  |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

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> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an envir.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details. | Date of notice                          |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  No   | Date of notice                          |  |  |  |  |  |  |
| □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  25. Have you notified any governmental unit of any release of hazardous material?  ■ No □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  No  | Date of notice                          |  |  |  |  |  |  |
| □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  25. Have you notified any governmental unit of any release of hazardous material?  ■ No □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  No  | Date of notice                          |  |  |  |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Code)  Covernmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  | Date of notice                          |  |  |  |  |  |  |
| No  ☐ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Environmental law, if you know it  Environmental law, if you know it  No  No  |   |  |  |  |  |  |  |
| Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Environmental law, if you know it  No  No   |   |  |  |  |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  know it  ZIP Code)  No  |   |  |  |  |  |  |  |
| ■ No  | ents and orders.                        |  |  |  |  |  |  |
| _ `   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Case Title Court or agency Nature of the case Name Address (Number, Street, City, State and ZIP Code)   | Status of the case                      |  |  |  |  |  |  |
| Part 11: Give Details About Your Business or Connections to Any Business  |   |  |  |  |  |  |  |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to  | o any business?                         |  |  |  |  |  |  |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   | _ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` |  |  |  |  |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |  |  |  |  |  |  |
| ☐ A partner in a partnership  |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |  |  |  |  |  |  |
| No. None of the above applies. Go to Part 12.   |   |  |  |  |  |  |  |
| Yes. Check all that apply above and fill in the details below for each business.  |   |  |  |  |  |  |  |
| Business Name  Describe the nature of the business  Employer Identification nu Do not include Social Secu   |   |  |  |  |  |  |  |
| (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed  | ,                                       |  |  |  |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? institutions, creditors, or other parties.  | Include all financial                   |  |  |  |  |  |  |
| ■ No  |   |  |  |  |  |  |  |
| ☐ Yes. Fill in the details below.   |   |  |  |  |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)   |   |  |  |  |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 18-80315 Doc 1 Filed 02/20/18 Entered 02/20/18 15:10:13 Desc Main Page 38 of 55 Case number (if known) Document

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Brittany S. Kaczo                       | orowski                  |   |  |
|---|--------------------------|---|--|
| Brittany S. Kaczorov<br>Signature of Debtor |                          | Signature of Debtor 2                       |  |
| Date February 20,                           | 2018                     | Date  |  |
| Did you attach additio                      | onal pages to Your State | ement of Financial Affairs for Individuals  | Filing for Bankruptcy (Official Form 107)? |
| No  |                          |   |  |
| ☐ Yes                                       |                          |   |  |
| Did you pay or agree                        | to pay someone who is    | not an attorney to help you fill out bank   | ruptcy forms?                              |
| No  |                          |   |  |
| Yes. Name of Perso                          | n . Attach the Ban       | kruptcy Petition Preparer's Notice, Declara | tion, and Signature (Official Form 119).   |

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| Fill in this inform                             | mation to identify your ca   | ase:  |   |   |
|---|--|---|---|---|
| Debtor 1  | Brittany S. Kaczorov<br>First Name                                   | VSKI<br>Middle Name   | Last Name   |   |
| Debtor 2<br>(Spouse if, filing)                 | First Name   | Middle Name   | Last Name   |   |
| United States Ba                                | inkruptcy Court for the:   | NORTHERN DISTRIC  | CT OF ILLINOIS  |   |
| Case number (if known)                          |  |   |   | ☐ Check if this is an amended filing  |
| Official Fo                                     |  | for Individ   | uals Filing Under C   | Chapter 7 12/15   |
| creditors have you have leas You must file this | ever is earlier, unless the  | r property, or<br>d the lease has not ex<br>hin 30 days after you | xpired.<br>file your bankruptcy petition or by t  | the date set for the meeting of creditors, opies to the creditors and lessors you list                        |
| sign an Be as complete a write yo               | nd date the form.  | s. If more space is nee<br>per (if known).                        |   | g correct information. Both debtors must sform. On the top of any additional pages,                           |
| For any credite information be                  | ors that you listed in Par   | t 1 of Schedule D: Cro  | editors Who Have Claims Secured by<br>Ihat do you intend to do with the pro<br>ecures a debt?     | oy Property (Official Form 106D), fill in the operty that Did you claim the property as exempt on Schedule C? |
| Creditor's C                                    | Citizens Bank  |   | Surrender the property.  Retain the property and redeem it.                                       | □ No  |
| Description of property securing debt:          | 2013 Chevrolet Spark<br>miles<br>Owned jointly with De<br>spouse     | < 71,000 □  | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | ■ Yes   |
| Creditor's Q                                    | Quicken Loans, Inc.  |   | Surrender the property.  Retain the property and redeem it.                                       | □ No  |
| Description of property securing debt:          | 60152 McHenry Cou  | Marengo, IL<br>nty ∎<br>appraisal                                 | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | ■ Yes   |
|   | Market Value is \$128 Debtor has 1/2 interestis owned jointly with I | ,500.00.<br>st. Property<br>Debtor's                              | Continue to make payments   |   |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill

Official Form 108

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Case number (if known)

| in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |  |  |  |
|---|--|--|--|
| Describe your unexpired personal property leases  | Will the lease be assumed?   |  |  |
| Lessor's name: Description of leased  | □ No   |  |  |
| Property:   | ☐ Yes  |  |  |
| Lessor's name: Description of leased  | □ No   |  |  |
| Property:   | ☐ Yes  |  |  |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |  |  |
| Lessor's name: Description of leased  | □ No   |  |  |
| Property:   | ☐ Yes  |  |  |
| Lessor's name: Description of leased  | □ No   |  |  |
| Property:   | ☐ Yes  |  |  |
| Lessor's name: Description of leased  | □ No   |  |  |
| Property:   | ☐ Yes  |  |  |
| Lessor's name: Description of leased  | □ No   |  |  |
| Property:   | ☐ Yes  |  |  |
| Part 3: Sign Below  |  |  |  |
| Under penalty of perjury, I declare that I have indicated my in-<br>property that is subject to an unexpired lease.   | tention about any property of my estate that secures a debt and any personal |  |  |
| X /s/ Brittany S. Kaczorowski   | X  |  |  |
| Brittany S. Kaczorowski<br>Signature of Debtor 1  | Signature of Debtor 2  |  |  |
| Date February 20, 2018  | Date   |  |  |

Debtor 1 Brittany S. Kaczorowski

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-80315 Doc 1 Filed 02/20/18 Entered 02/20/18 15:10:13 Desc Main Document Page 45 of 55

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In r     | Brittany S. Kaczorowski   |   | _ Case No.                         |                                     |
|----------|---|---|------------------------------------|-------------------------------------|
|          |   | Debtor(s)   | Chapter                            | 7                                   |
|          | DISCLOSURE OF COMPE   | ENSATION OF ATTORN  | EY FOR DE                          | EBTOR(S)                            |
| 1.       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fill be rendered on behalf of the debtor(s) in contemplation   | ing of the petition in bankruptcy, or a   | agreed to be paid                  | to me, for services rendered or to  |
|          | For legal services, I have agreed to accept   |   | \$                                 | 1,200.00                            |
|          | Prior to the filing of this statement I have received   | 1   |                                    | 1,200.00                            |
|          | Balance Due   |   | \$                                 | 0.00                                |
| 2.       | \$_335.00 of the filing fee has been paid.  |   |                                    |                                     |
| 3.       | The source of the compensation paid to me was:  |   |                                    |                                     |
|          | ■ Debtor □ Other (specify):   |   |                                    |                                     |
| 4.       | The source of compensation to be paid to me is:   |   |                                    |                                     |
|          | ■ Debtor □ Other (specify):   |   |                                    |                                     |
|          |   |   |                                    |                                     |
| 5.       | ■ I have not agreed to share the above-disclosed com  | ipensation with any other person unle   | ess they are mem                   | bers and associates of my law firm. |
|          | ☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the national control of the property of the agreement.  |   |                                    |                                     |
| 6.       | In return for the above-disclosed fee, I have agreed to   | render legal service for all aspects of   | the bankruptcy c                   | case, including:                    |
|          | <ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, stance.</li> <li>c. Representation of the debtor at the meeting of crediction of the debtor at the meeting of crediction.</li> <li>d. [Other provisions as needed]</li> <li>Exemption planning; preparation and filing</li> </ul> | atement of affairs and plan which may<br>itors and confirmation hearing, and an | y be required;<br>ny adjourned hea | urings thereof;                     |
| 7.       | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any discl   |   |                                    | eding.                              |
|          |   | CERTIFICATION   |                                    |                                     |
| this     | I certify that the foregoing is a complete statement of a bankruptcy proceeding.  | ny agreement or arrangement for pay   | ment to me for r                   | epresentation of the debtor(s) in   |
| <u> </u> | February 20, 2018   | /s/ Rebecca Lamm  |                                    |                                     |
| 1        | Date  | Rebecca Lamm  |                                    |                                     |
|          |   | Signature of Attorney Franks Gerkin & McKe                                      | enna PC                            |                                     |
|          |   | 19333 E Grant Hwy   |                                    |                                     |
|          |   | P.O. Box 5<br>Marengo, IL 60152   |                                    |                                     |
|          |   | (815) 923-2107 Fax:   | (815) 923-2114                     | 1                                   |
|          |   | rlamm@fgmlaw.com  |                                    |                                     |

Name of law firm

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CONTRACT FOR LEGAL REPRESENTATION

| This engagement agreement ("Contract"), dated McKenna, P.C. ("Attorney") and | 1 2/15/2018, is between Franks, Gerkin & |
|--|--|
| McKenna, P.C. ("Attorney") and & Hans  | Kactorowski ("Clients")                  |
| Client(s) employs Attorney to represent Client(s) in a 🔇                     | hapter 7 bankruptcy case.                |

#### I. Services to Be Provided by Attorney

Services Attorney will provide to Client(s) include the following ("Standard Services"):

- Analysis of Client(s)'s financial condition;
- Counseling Client(s) as to the advisability of seeking relief in bankruptcy under Chapter 7 of the Bankruptcy Code;

1996年 (1998年) 1998年 (1998年)

- Advising Client(s) as to Client(s)'s eligibility to seek relief under Chapter 7 of the Bankruptcy Code;
- Advising Client(s) as to the availability of exemptions under applicable law;
- Assisting Client(s) in assembling all documents necessary for, or in connection with, the filing of
  a petition under the Bankruptcy Code;
- Assisting Client(s) in meeting all conditions precedent to filing a petition for relief under the Bankruptcy Code and in meeting all conditions precedent to obtaining a discharge, if the Client(s) is eligible to receive a discharge;
- Preparation and electronic filing of the Client(s)'s bankruptcy petition and supporting schedules;
- Preparing Client(s) for examination at the meeting of creditors held pursuant to section 341 of the Bankruptcy Code;
- Attending the meeting of creditors and all court hearings (except as otherwise excluded in this Contract);
- Assisting the Client(s) with reaffirmation agreements, if applicable;
- Assisting the Client(s) with routine lien avoidance proceedings; if applicable:
- Assisting the Client(s) with the enforcement of the automatic stay, if required;
- Communicating with Client(s)'s bankruptcy trustee; and
- Communicating with Client(s)'s creditors, if necessary.

#### II. Responsibilities of Client(s)

#### Client(s) agrees to:

- Discuss with Attorney and Client(s)'s objectives in filing the case;
- Provide Attorney with full, accurate and finely information, financial or otherwise, including properly documented proof of income and three (3) years of tax returns;
- Cooperate with Attorney in preparing all required bankruptcy papers and documents, thoroughly
  reviewing drafts of documents, and promptly advising Attorney of corrections or additions
  needed:
- Timely provide Attorney with any additional documents requested by the Bankruptcy trustee or other parties in interest;
- Notify Attorney of any change in address or telephone number;
- Appear punctually at the meeting of the creditors with a picture identification card and proof of social security number;
- Comply with all orders of the Bankruptcy Court; and
- Complete the required instructional course in personal financial management.

Failure of Client(s) to cooperate fully with Attorney of comply with any request of the bankruptcy trustee

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or court order may result in Attorney filing a motion with the Bankruptcy Court to withdraw from representation of Client(s).

#### III. Fees and Charges for Services and Terms of Payment

The estimated costs in an uncontested Bankruptcy proceeding are as follows:

\$335.00 Court filing fee

\$40.00 individual credit report fee or \$80.00 joint credit report fee

Motions to avoid lien, where applicable, will require the payment of additional costs for postage and certified fees.

#### IV. Non-Standard Services; Additional Fees

Client(s) agrees to pay an attorney's fees for legal services beyond Standard Services ("Additional Services"). Charges for Additional Services will be assessed at the hourly rate of the Attorney performing the Additional Services, which is estimated at \$215.00 per hour.

Attorney may require an additional retainer for Additional Services and shall be under no obligation to provide Additional Services without first having received an additional retainer to secure payment for such Additional Services. Time is charged in minimum units of one-tenth of an hour. Examples of Additional Services include, but are not limited to:

- Rule 2004 examinations, depositions, interrogatories, or other discovery proceedings;
- Defending claims that granting bankruptcy relief to Client(s) under the Bankruptcy Code would constitute "abuse" within the meaning of the Bankruptcy Code;
- Defending claims that one or more of Client(s)'s debts are non-dischargable;
- Defending claims that Client(s) is not entitled to a discharge under the Bankruptcy Code;
- Defending matters arising from Client(s)'s failure to disclose any material fact; or
- Defending matters arising from Client(s)'s false statements made in connection with the bankruptcy petition, schedules, statement of financial affairs or any documents provided in support thereof.

#### V. Services Excluded from Contract

This Contract does not apply to, and Attorney is not hired to represent Client(s) in, the following:

- Adversary proceedings;
- · Appeals; or

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Proceedings in any non-bankruptcy court or administrative agency.

#### VI. Termination of Attorney's Representation

Client(s) may terminate Attorney's representation at any time. Attorney may terminate representation with Client(s)'s consent, or for cause, including:

- Client(s)'s failure to pay fees when due;
- Client(s) is in breach of this Contract;
- Client(s) in unresponsive or uncooperative; or
- Circumstances would render Attorney's continuing representation unlawful or unethical.

Once the bankruptcy case is filed, Attorney's representation of Client(s) continues through the time Client(s) receives a discharge (except regarding violations of the permanent injunction as provided for in 11 USC § 524), the case is dismissed, the case is converted, or the Bankruptcy Court approves Attorney's withdrawal from representation.

#### VII. Acknowledgment of Receipt of Disclosures

Client(s) acknowledges that Client(s) has received copies of all disclosure documents attached to this Contract. These documents include:

- Notice to Individual Consumer Debtor under §342(b)
- Disclosure Pursuant to §527(a)(2)
- Disclosure Pursuant to §527(b)

In addition, Client(s) acknowledges that Client(s) has received the following along with the Contract:

- Statement of Information Required by 11 U.S.C. §341
- Certification of Property and Debt Disclosure
- Bankruptcy Disclosures and Acknowledgments

#### VII. Entire Agreement and Signatures

The entire agreement between Attorney and Client(s) is contained in this instrument and the noted attachments. The undersigned agree to all of the terms and conditions set forth herein and acknowledge that they have read and understand this agreement.

THE BANKRUPTCY CODE REQUIRES ATTORNEY TO EXPLICITLY AND CONSPICUOUSLY INFORM YOU THAT:

WE ARE A DEBT RELIEF AGENCY, WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE

Date

\_/s/

Franks, Gerkin & McKenna, P.C.

Attomevs at Law

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Notice to Individual Consumer Debtor Under §342(b) of the Bankruptcy Code

In accordance with §342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, §109(h) of the Bankruptcy Code requires that al individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional course.

2. The Four Chapters of Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)

- 1. Chapter 7 designation for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under Chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under §707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not dischargable under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury cause by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from

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fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not dischargeable.

## Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

1. Chapter 13 is designed for individuals with regular income who would like to pay all of or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

and the second of the second o

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1000 filing fee, \$46 administrative fee: Total fee \$1046)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the United State Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 251(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

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Disclosure Pursuant to 11 U.S.C. §527(a)(2)

#### You are notified:

- 1. All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be completed, accurate, and truthful.
- 2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value fo the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
- 3. The following information, which appears on Official Form 22, Statement of Current Monthly Income, is required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).

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Disclosure Pursuant to 11 U.S.C. §527(b)

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICE FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hired an Attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an Attorney. The law requires an Attorney or bankruptcy petition preparer to give you a written contract specifying what the Attorney or bankruptcy petition preparer will do for you and how much it will cost. Ask to see the contract before you hire anyone.

The following information explains what must be done in a routine bankruptcy case to help you evaluate how much service you need. Before filing a bankruptcy case, either you or your Attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and decide which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents (Petition, Schedules, Statement of Financial Affairs, and in some cases a Statement of Intention) must be correctly filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you must attend the required first meeting of creditors, where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a Chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a Chapter 13 case, in which you repay your creditors what you can afford over 3 to 5 years, you may also want help preparing your Chapter 13 plan and with the confirmation hearing on your plan, which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than Chapter 7 or Chapter 13, you should consult someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only lawyers, not bankruptcy petition preparers, can give you legal advice.

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#### United States Bankruptcy Court Northern District of Illinois

| In re | Brittany S. Kaczorowski                      |   | Case No.        |                           |
|-------|--|---|-----------------|---------------------------|
|       |  | Debtor(s)   | Chapter         | 7                         |
|       | VER  | RIFICATION OF CREDITOR M.   | ATRIX           |                           |
|       |  | Number of   | Creditors:      | 17                        |
|       | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credite                                | ors is true and | correct to the best of my |
| Date: | February 20, 2018                            | /s/ Brittany S. Kaczorowski Brittany S. Kaczorowski Signature of Debtor |                 |                           |

Advocate Good Shepherd Hospital P.O. Box 4248 Carol Stream, IL 60197

Bank Of America Nc4-105-03-14 PO Box 26012 Greensboro, NC 27410

Bank of America P.O. Box 851001 Dallas, TX 75285-1001

Bank of America PO Box 982234 El Paso, TX 79998-2234

Capital One General Correspondence PO Box 30285 Salt lake City, UT 84130

Chase Card Services Attn: Correspondence Department PO Box 15298 Wilmington, DE 19850

Chesapeake Toxicology 8415 Progress Drive, Suite V Frederick, MD 21701

Citizens Bank Attention: ROP-15B 1 Citizens Drive Riverside, RI 02940

Discover Financial PO Box 3025 New Albany, OH 43054

Discover Financial PO Box 6103 Carol Stream, IL 60197-6103 Michael Kaczorowski 1101 N. State St. Marengo, IL 60152

Mohela/Department of Education 633 Spirit Drive Chesterfield, MO 63005

Quicken Loans, Inc. 1050 Woodward Avenue Detroit, MI 48226

Quicken Loans, Inc. PO Box 6577 Carol Stream, IL 60197-6577

Syncb/Phillips 66 Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Target Card Services P.O. Box 660170 Dallas, TX 75266

Tnb-Visa / Target C/O Financial & Retail Services Mailstop BV PO Box 9475 Minneapolis, MN 55440